



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Guardian Life Insurance Company of America														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	955	955
PR	2011	0	0	954	0	955	955	0	0	955	0	0	955	4774
PR	2012	0	0	955	0	0	966	0	0	966				2887
ME	2009	0	0	0	0	0	0	0	0	0	0	0	171,710	171,710
ME	2010	0	0	0	0	0	0	0	0	0	0	0	165,229	165,229
ME	2011	170,416	169,952	169,701	170,542	174,567	173,006	174,583	173,112	172,807	173,200	172,670	165,209	2,059,765
ME	2012	169,187	167,698	167,621	168,199	168,317	166,641	169,717	168,476	168,117	168,464	167,507		1,849,944
PV	2011	8,196	4,670	5,119	4,622	25,008	4,337	4,289	4,317	4,127	4,196	3,921	4,000	76,802
PV	2012	3,960	3,930	4,025	3,894	3,969	3,765	3,712	3,818	3,623	3,887			38,583
MC	2008	6,523	6,083	6,520	6,422	6,251	6,183	6,604	6,230	6,226	6,437	5,981	6,413	75,873
MC	2009	5,237	4,862	5,548	4,872	4,020	4,505	3,853	3,621	3,416	4,121	3,401	3,282	50,738
MC	2010	2,649	2,365	2,718	2,351	2,167	2,326	2,115	2,303	2,175	2,372	2,498	2,443	28,482
MC	2011	1,912	1,642	1,702	1,718	1,389	1,350	919	1,167	1,035	762	340	303	14,239
MC	2012	119	198	162	94	80	22	26	13	7	17	3		741
PC	2008	1,138	565	622	494	1,048	1,120	1,010	543	493	1,114	1,114	1,197	10,458
PC	2009	482	412	425	815	656	620	485	238	244	485	478	474	5814
PC	2010	193	153	149	260	253	250	257	254	237	217	93	162	2478
PC	2011	114	215	236	192	188	135	159	101	93	100	62	60	1655
PC	2012	22	12	17	19	5								75
DC	2008	47,835	45,598	50,371	52,184	47,536	47,544	47,902	49,496	47,947	51,956	41,841	48,113	578,323
DC	2009	48,803	47,566	52,187	52,986	46,208	49,887	51,227	48,433	46,853	47,604	47,217	50,987	589,958
DC	2010	47,905	47,516	56,586	52,401	47,320	50,572	47,458	51,095	48,062	46,923	49,246	51,451	596,535
DC	2011	47,573	45,446	57,105	50,136	51,397	50,243	44,973	52,365	46,291	47,537	46,082	49,203	588,351
DC	2012	51,230	50,587	55,183	49,369	52,626	49,298	47,202	53,478	44,054	51,252	46,013		550,292

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.











